



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

G PETER FOOX MD
1405 S FLEISHEL AVE #330
TYLER, TX 75701

Respondent Name

NEW HAMPSHIRE INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-1512-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "To pay according TO THE TEXAS FEE GUIDES Guides & TO PAY PROMPLTY TOO"

Amount in Dispute: \$160.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The total payment for procedure code 99455 would be \$344.44. The carrier previously paid \$337.02 to the provider. An additional payment of \$7.42 has been issued to the provider per the attached EOR with check # and payment history screen."

Response Submitted by: Chartis, 4100 Alpha Road, Ste. 700, Dallas, Texas 75244

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 22, 2010	99455-V5-WP	\$160.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204 sets out Medical Fee Guidelines for workers' compensation specific services effective March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated November 18, 2010 and December 28, 2010

- W1 – Workers Compensation State Fee Schedule Adjustment
- VRNA – No Reduction Available
- Z710 – The charge for this procedure exceeds the fee schedule allowance.

Explanation of benefits post MFDR dated February 8, 2011

- W1 – Workers Compensation State Fee Schedule Adjustment
- Z710 – The charge for this procedure exceeds the fee schedule allowance.

Issues

1. Has the examination for Maximum Medical Improvement (MMI)/Impairment Rating (IR) been reimbursed appropriately per 28 Texas Administrative Code §134.204?
2. Is the requestor entitled to additional reimbursement?

Findings

1. Review of the insurance carrier's position summary on February 11, 2011 states, "The total payment for procedure code 99455 would be \$344.44. The carrier previously paid \$337.02 to the provider. An additional payment of \$7.42 has been issued to the provider per the attached EOR with check # and payment history screen." The division contacted the requestor via email on April 19, 2011 to determine if payment had been received by the requestor. The requestor acknowledged in a reply email on April 20, 2011 that an additional amount was paid by respondent but did not take the dispute out of consideration with Medical Fee Dispute Resolution (MFDR). The amount corresponds with the amount referred to in the carrier response. MFDR will proceed with audit per applicable fee guidelines to determine if any additional reimbursement is due.
2. The provider billed \$650.00 for CPT code 99455-V5-WP for a treating doctor MMI/IR exam. Review of the documentation supports that MMI was assigned and an IR was performed. Per 28 Texas Administrative Code §134.204, the Maximum Allowable Reimbursement (MAR) for MMI performed by a treating doctor is based on the equivalent level of evaluation and management code office visit using the corresponding modifier as explained in Texas Administrative Code §134.204 which states in part (3)(A)(i)(ii):
 - (3) The following applies for billing and reimbursement of an MMI evaluation.
 - (A) An examining doctor who is the treating doctor shall bill using CPT Code 99455 with the appropriate modifier.
 - (i) Reimbursement shall be the applicable established patient office visit level associated with the examination.
 - (ii) Modifiers "V1", "V2", "V3", "V4", or "V5" shall be added to the CPT code to correspond with the last digit of the applicable office visit.

Per 28 Texas Administrative Code §134.203(c) MAR for a level 5 office visit (CPT 99215) is \$194.44 for ZIP Code 75701 in Smith County (Rest of Texas). The documentation supports that the DRE Category II method rated the lumbar. Per 28 Texas Administrative Code §134.204(j)(4)(C)(ii)(I), determines the MAR for an IR using Diagnosis Related Estimates (DRE) IR method as \$150.00. Combined MMI of \$194.44 and IR of \$150.00 = \$344.44.

3. The respondent has reimbursed \$337.02 on one EOB and an additional post MDR \$7.42 for the MMI/IR totaling the MAR of \$344.44. No additional reimbursement is due.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature



Signature

Gregory Fournerat
Medical Fee Dispute Resolution Officer

November 10, 2011
Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

